MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

01769

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Near Rising Sun.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Near Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel Ashley

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1859

8. AGE: Years 80 | Months 2 | Days 17 | If less than one day hrs. min.

9. Birthplace Ashville N.C.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Joseph Ashley
13. Birthplace Va

MOTHER
14. Maiden name Hannah Harmer
15. Birthplace N.C

16. Informant S. P. Johnson
Address Rising Sun. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March. 2. 1940
(month) (day) (year)

Cemetery or crematory Friends Burying Ground

Location Near Colora

18. Funeral director J. E. Tyson
Address Rising Sun. Md.

19. Mch 1 1940
(Date rec'd by registrar) Registrar

Permit issued 3-1-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1940, at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 1940, to Feb 28 1940 and that I last saw her alive on Feb 15 1940

Immediate cause of death Paralysis left side complete

Due to anterior selenius

Due to Cerebral hemorrhage. C.V.R.
Duration: Not stated

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Dodson MD
M. D. or other

Address Rising Sun Md Date signed 2/28-40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01770

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil -
~~City~~ or town Port Deposit md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State — County —
City or town — Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Andrew J. Bannon.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male,	white	

6 (b) Name of ~~husband or~~ wife Dollie E. Will,
P.a, 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 3- 1873.

8. AGE:

Years	Months	Days	If less than one day
67	—	2	——hrs. ——min.

9. Birthplace Liverpool - England.
(Town, county, and state)
10. Usual occupation Labor -
11. Industry or business —

FATHER
12. Name John Bannon.
13. Birthplace Ireland.

MOTHER
14. Maiden name Sarah Robinson.
15. Birthplace Middlebrough - England.

16. Informant Norman Bannon.
Address Port Deposit, md.

17. Burial Date thereof Feb. 9- 1940.
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery ~~or crematory~~ Nottingham Cemetery.
Location Cecil County -
18. Funeral director Pennington & Son,
Address Havre de Grace, Md.

19. 2-7-40 (Date rec'd by registrar) 19— Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb-6- 1935 to Feb-6- 1940 and that I last saw him alive on Feb-6- 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE C. J. Bannon M. D. or other
Address Port Deposit, Md. Date signed 2/7/40

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

01771

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Warwick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bigge

3. (b) Social Security Number

4. Sex —

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 19 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Union Hosp Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation Good

11. Industry or business None

12. Name of FATHER Ray Jesse Bigge

13. Birthplace of FATHER Elkton Md

14. Maiden name of MOTHER Emily Amy Barber

15. Birthplace of MOTHER Chesapeake City Md

16. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director None

Address

19. Mar 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death Abortion	
Due to Septicemia	
Due to Ulceration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R L Dodson M D
M. D. or other

Address Rising Sun Md Date signed 3-23-40

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

01772

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 do

Stay in this community (yrs., or mos., or days): 8 do

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Cecilton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cecilton, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Marshall Boyer

3. (b) Social Security Number: 222-07-8103-Pass

4. Sex: M.

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 19, 1887

8. AGE: Years: 56 Months: 8 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Cecilton, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Perrey Boyer
13. Birthplace: Cecilton, Md

MOTHER
14. Maiden name: Sarah Crawford
15. Birthplace: Cecilton, Md

16. Informant: Joseph Boyer
Address: Cecilton, Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Feb 7, 1940 (month) (day) (year)

Cemetery or crematory: Cecilton, Cemt

Location: Cecilton, Md

18. Funeral director: H. W. Pippin Per [illegible]
Address: Elkton, Md.

19. Feb 6 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4th 1940, at 9.55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 - 1940, to Feb 4th 1940 and that I last saw him alive on Feb 4 1940

Immediate cause of death: Chronic myocarditis — DURATION: 8 mos.

Due to

Due to

Other conditions: Chronic Nephritis — 8 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Elkton, Md Date signed: 4/5/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (190) (110)

01773

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Near Elkton Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Phila Co
City or town Phila Pa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1315 Green St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John Chadwick

3. (b) Social Security Number 197-09-2993 Ross

4. Sex M
5. Color or race Wh
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Elizabeth Chadwick
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) March 4, 1883
8. AGE: Years 56 Months 11 Days 3 If less than one day ___ hrs. ___ min.
9. Birthplace New Port R. I
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name No Information
13. Birthplace
MOTHER 14. Maiden name No Information
15. Birthplace
16. Informant Elizabeth Chadwick
Address 1315 Green St Phila Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 10, '40 (month) (day) (year)
Cemetery or crematory Elkton
Location Elkton, Maryland
18. Funeral director H. W. Pippin
Address Elkton, Md
19. Feb 9 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH found dead 2/6 1940, at 2 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended 19__, to 19__,
and that I last saw h__ alive on 19__.
Immediate cause of death Frozen.
Due to exposure.
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy no.

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John B. Bliem Coroner. M. D. or other
Address Rising Sun Md Date signed 3/8 1940

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 27 1940
BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

01774

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(130)

County Cecil — Registration Dist. No. 92

Village or City Elkton — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joshua Clayton — If U. S. Veteran, specify WAR ____

(a) Residence: No. W. High St., & Singerly Ave. St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5e. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mrs. Bessie Clayton

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1876

7. AGE	Yeers	Months	Deys	If LESS then 1 dey, ____ hrs. or ____ min.
	68	11	20	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Lawyer

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked et this occupetion (month end yeer) ____ | 11. Totel time (years) spent in this occupetion ____

12. BIRTHPLACE (city or town) Near Middletown, Del. (State or country)

FATHER

13. NAME Thomas Clayton,

14. BIRTHPLACE (city or town) Delaware State. (Stete or country)

MOTHER

15. MAIDEN NAME Emma Catherine Purner

16. BIRTHPLACE (city or town) Cecil County (Stete or country) Maryland.

17. INFORMANT Mrs. Bessie Clayton (Address) Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL Piece Bethel Cemetery Dete Feb 9, 1940

19. UNDERTAKER W. W. Pippin & Son (Address) Elkton, Md.

20. FILED Feb 6, 1940 — F R Frazer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 4th, 1940 (Month) (Day) (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from February 2d, 1940, to Feb. 4th, 1940

I lest saw him alive on Feb. 3rd, 1940; death is said to heve occurred on the dete steted above, et 2.45 A.M.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:

	Date of onset
Acute Nephritis with uremia.	Feb. 2, 40
Cause unknown	

Other Contributary Causes of importance:

Neme of operation ____ Dete of ____

Whet test confirmed diegnosis? ____ Wes there en autopsy? ____

23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ____ Dete of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in eny wey related to occupetion of deceased? No.

If so, specify ____

(Signed) V. H. McKnight M. D.

(Address) Elkton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAR 5 1940 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

01775

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Perryville, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Perryville, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Condon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Araetta M. W. Condon

6(c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) June 30 1858

8. AGE: Years 81 | Months 7 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Camden, N. J.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Owner

FATHER 12. Name Joseph Condon

13. Birthplace Cecil Co. Md

MOTHER 14. Maiden name Caroline M. Whitaker

15. Birthplace Principio Furnace, Md

16. Informant Joseph Condon Jr.

Address Wheeling W. Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 21, 1940 (month) (day) (year)

Cemetery or crematory St Mary's

Location North East Md

18. Funeral director Wm. A. Patterson

Address Perryville, Md.

19. 2-19-1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1939 to Feb. 18 1940, and that I last saw h in alive on Feb. 18 1940

Immediate cause of death	DURATION
Pulmonary Oedema	1 day
Due to Fracture of Left Femur	3 days
Due to	
Other conditions General Atherosclerosis	15 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magaw M. D. or other
Address Perryville Md Date signed Feb 19, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

Collins 01776

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Charlestown Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Charlestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob R. Cooper

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George F. Cooper

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1879

8. AGE: Years 60 | Months 11 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Alexandria, Va.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name John. Franks

13. Birthplace Hagerstown

MOTHER 14. Maiden name Anna. Mefy

15. Birthplace Williamsburg

16. Informant George F. Cooper

Address Charlestown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24, 1940 (month) (day) (year)

Cemetery or crematory Charlestown M.E.

Location Charlestown, Md

18. Funeral director Lee A. Patterson

Address Perryville, Md.

19. Feb 23 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1940, at 8:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 21 1940, and that I last saw h alive on Feb 21 1940

Immediate cause of death	DURATION
Apoplexy	13 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. B. Collins M. D. or other

Address North East Md Date signed 2-23-40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

01777

Reg. Dist. No. 9 V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Barksdale Rural R D 3
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 11 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Barksdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Elkton R F D #3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Caleb Marshall Cox

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Isabelle Cox

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar 22--1853

8. AGE: Years	Months	Days	If less than one day
86	10	26	hrs. min.

9. Birthplace: Pensylvania
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: James Cox
13. Birthplace: No information

MOTHER
14. Maiden name: Mary Bailey
15. Birthplace: Pennsylvania

16. Informant: Sarah McAllister
Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 20- 1940 (month) (day) (year)

Cemetery or crematory: Kimbleville Cemetery

Location: Kimbleville Pa.

18. Funeral director: Florence E Abernathy

Address: Elkton R.D. 3 Md.

19. Feb 19 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 17th 1940, at 5 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1st 1940, to Feb 17 1940, and that I last saw him alive on Feb 16 1940.

Immediate cause of death	DURATION
acute coronary thrombosis	24 hrs.
Due to	
Due to	
Other conditions: Carcinoma of left ~~lobe~~ ear (lobe + auditory canal.). (Include pregnancy within 3 months of death)	3 yrs.

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wallace M Johnson M.D.
M. D. or other

Address: Newark Del Date signed: 2/17/40

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MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

01778

Reg. Dist. No. 9x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime in Cecil Co

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME NELLIE P. CRAIG

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Aldridge B. Craig
6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb 22 1886

8. AGE: Years	Months	Days	If less than one day
54	-	6	hrs. min.

9. Birthplace Rowlandville, Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Wakeman Gatchel
13. Birthplace Cecil Co, Md

MOTHER
14. Maiden name Martha Baker
15. Birthplace Cecil Co., Md.

16. Informant Mr A. B. Craig
Address North East, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 3, 1940 (month) (day) (year)
Cemetery or crematory Methodist
Location North East, Md

18. Funeral director Joseph R. Grant
Address North East, Md

19. Mar 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1936 to February 10 1940 and that I last saw h- alive on Feb 26 1940.

Immediate cause of death	DURATION
Acute Myocardial Failure	
Due to Chronic Myocardiate & Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George W. Grant M.D. M. D. or other
Address Rising Sun, Md. Date signed 3/1/40

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BUREAU V. S.

01779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Zion
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Zion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Elizabeth DeMond

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

8 (b) Name of husband or wife: George T. DeMond

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 11, 1856

8. AGE: Years: 83 Months: 11 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Near Zion Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James T. Hall
13. Birthplace: Md

MOTHER
14. Maiden name: Ellen Jane Rock
15. Birthplace: Md

16. Informant: Raymond DeMond
Address: North East R.D #1

17. Burial: Zion Methodist
(Burial, cremation, or removal. Which?)
Date thereof: Feb 26 1940
(month) (day) (year)

Cemetery or crematory: Zion Methodist

Location: Zion, Cecil Co. Md

18. Funeral director: Joseph R. Sears
Address: North East, Md.

19. Feb 26 1940 L M Worthington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 23 1940, at 7 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1936 19__, to Feb 23 1940, and that I last saw h____ alive on ____ 19__

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions: Lemmal Gangrene at foot
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: Jan 1940

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: George M Kreaul M.D.
M. D. or other

Address: Irving Kent Date signed 2/26/40

Permit issued 2-26-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

01780

CERTIFICATE OF DEATH

Reg. Dist. No. 67

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 35 yrs -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Norma Dilks

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
8.(a) Single, married, widowed, or divorced: Married
8 (b) Name of husband or wife: Charles M Dilks
8(c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): Aug 15 1876
8. AGE: Years: 64 Months: 6 Days: 9 If less than one day: hrs. min.
9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER 12. Name: Martin Fogerty
FATHER 13. Birthplace: Ireland
MOTHER 14. Maiden name: No information
MOTHER 15. Birthplace:
16. Informant: Charles Dilks
Address: Elkton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 9 1940 (month) (day) (year)
Cemetery or crematory: Catholic
Location: Elkton Md
18. Funeral director: Joseph R. Grant
Address: North East, Md.
19. Feb 8 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 6 1940, at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 6 1940, and that I last saw h[illegible] alive on Feb 6 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 2½ days

Due to: Hypertension — 6 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. T. Morrison, M.D.
M. D. or other
Address: Elkton, Md Date signed: Feb 8, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01781

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (97)

County Cecil — Registration Dist. No. 92

Village or City Elkton — No. ____ St. ____ Ward ____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Katherine Doyle Drake — If U. S. Veteran, specify WAR ____

(a) Residence: No. W. High St., & Singerly Ave. St., ____ Ward. (Usual place of abode) — No social Security — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George W. Drake

6. DATE OF BIRTH (month, dey, and yaar): August 28, 1850

7. AGE	Yeers	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	89	5	9	

OCCUPATION

8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.: None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (yaers) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Cecil County Maryland.

FATHER

13. NAME: John Smith

14. BIRTHPLACE (city or town) (Steta or country): Delaware.

MOTHER

15. MAIDEN NAME: Julia Doyle

16. BIRTHPLACE (city or town) (State or country): Delaware.

17. INFORMANT: Mrs. Joshua Clayton, daughter (Address) Elkton Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL — Place Cherry Hill Md Date Feb 9, 1940

19. UNDERTAKER: Joseph R. Grant (Address) North East Md

20. FILED Feb 8, 1940 — H. Frazer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February (Month) 6, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1937, 19____, to Feb. 6th, 1940

I last saw her alive on Feb. 4th, 1940, 19____; death is seid to hava occurrad on the deta statad above, at 5.00 A.M.

The **PRINCIPAL CAUSE OF DEATH** and raletad causes of importence ware as follows:

	Date of onset
General arterio-sclerosis	about 1930

Other **Contribntory Causes** of importance:

Age-

Name of operation ____ Date of ____

What test confirmed diegnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicida? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Natura of Injury ____

24. Was disaase or injury in any way related to occupation of deceased? No.

If so, specify ____

(Signed) V. H. McLaughlin M. D.

(Address) Elkton - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as, **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1928 BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-d) Reg. Dist. No. 96

CERTIFICATE OF DEATH

01782

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Perryville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Main St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lona Brubaker Eberle

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Eberle

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1867

8. AGE: Years: 72 | Months: 8 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Lancaster Co., Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry Brubaker
13. Birthplace: Lancaster Co. Pa

MOTHER
14. Maiden Name: Adaline Bieber
15. Birthplace: Lancaster Co. Pa.

16 (a) Informant: Mrs. D. E. Evans
(b) Address: Perryville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1940 (month) (day) (year)
(c) Cemetery or crematory: Bethesda M.E. Cem
Location: Lancaster Co. Pa

18 (a) Funeral director: Lee A. Tatlesson
(b) Address: Perryville, Md.

19 (a) 2-21-1940 (Date rec'd by registrar) (b) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 11 1940, at 6 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1937, to Feb 11 1940, and that I last saw her alive on Feb 8 1940.

	Duration
Immediate cause of death: Chronic Valvular Heart Disease	10 yrs
Due to: Bronchial Asthma	
Due to:	
Other conditions: Bronchial Asthma	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. F. Magraw M. D. or other
Address: Perryville, Md. Date signed Feb 11 40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

01783

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town 1-Mile So of Elkton Route 213
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Near Elkton Route 213 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maurice Henry Elwood Jr.

3. (b) Social Security Number 394-09-3220

4. Sex M.

5. Color or race Wh

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine Elwood

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) November 21, 1883

8. AGE: 6 Years 5 Months 2 Days 17 If less than one day ___ hrs. ___ min.

8. Birthplace Texas Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business General Construction

FATHER
12. Name Maurice Henry Elwood
13. Birthplace Texas, Md

MOTHER
14. Maiden name Sarah A. Dalton
15. Birthplace Fallston, Md

16. Informant Frank M. Elwood

Address West Point, N.Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13/40 (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Bethel, Chesapeake R.D.

18. Funeral director H. W. Pippin Per H. W. Pippin

Address Elkton, Md

19. Feb 12 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Struck by automobiles

DURATION

Due to unavoidable accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of

Where did injury occur? One mile out of Elkton (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?) on highway

Means of Injury Injured at work?

23. SIGNATURE John B Slicer coroner M. D. or other

Address Rising Sun Md, Date signed 2/9 1940

FEB 20 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01784

Reg. Dist. No. 95

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Cecil

City or town: outside Rising Sun Md.
(If outside city of town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: outside Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amelia Christy Ewing

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Harvey S. Ewing

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): May 19 1880

8. AGE:

Years	Months	Days	If less than one day
59	8	20	____ hrs. ____ min.

9. Birthplace: Port Deposit Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Herman F Brauer

13. Birthplace: Germany

MOTHER 14. Maiden name: Amelia C. (unknown)

15. Birthplace: Germany

16. Informant: Harvey S. Ewing

Address: Rising Sun Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 12 1940 (month) (day) (year)

Cemetery or crematory: West Nottingham Md.

Location: Colora Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun, Md.

19. Feb 10 1940 (Date rec'd by registrar) Registrar

Permit issued 2-10-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 9 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1937 to Feb 1940, and that I last saw her alive on Feb 9-1940

Immediate cause of death: Cerebral Hemorrhage — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas. M. Ewing M. D. or other

Address: Rising Sun Md. Date signed: 2/10/40

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

01785

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Elkton Hts.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Foster

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 18 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton, Cecil, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Doris Kenneth Foster
13. Birthplace North East, Md

MOTHER
14. Maiden name Edith Tyson Blake
15. Birthplace Elkton Md

16. Informant Doris K. Foster

Address Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/20/40 (month) (day) (year)

Cemetery or crematory Elkton Cemt.

Location Elkton, Maryland

18. Funeral director H. W. Pippin Per [illegible]

Address Elkton, Maryland

19. Feb 20 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 12 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to Feb 18 1940, and that I last saw h alive on 19

Immediate cause of death Still Born

Due to Premature Labor

Due to Toxemia in Pregnancy

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. C. Cornwell
M. D. or other

Address North Cent, Md Date signed 2/18/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

01786

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 5 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1009 Rhode Island Ave., N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Civil War ✓

3. (a) FULL NAME

FOX, Charles

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 9, 1848

8. AGE:

Years	Months	Days	If less than one day
91	1	25	hrs. min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: --

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Feb. 4, 1940. (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: S. H. Hines Co
Address: S. H. HINES COMPANY
2901 - 14th Street, N.W.
Washington, D.C.

19. Feb. 4, 1940. (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 3 1940, at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 29 1940, to February 3 1940, and that I last saw him alive on February 3 1940.

Immediate cause of death	DURATION
Arteriosclerosis, general	Unknown
Due to	
Due to	
Other conditions	
Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: D.D. Campbell
D.D. CAMPBELL, M.D., Manager or other
Address: Veterans' Administration
Perry Point, Maryland Date signed: 2-4-40

RECEIVED
MAR 5 1940
BUREAU V. S.

c/#

212-01-7539

01787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) about 2 hrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Willard LeRoy Gatchell

3. (b) Social Security Number 212-01-7539

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of ~~husband~~ or wife Violet Gatchell
6(c) If alive, give age 27 years
7. Birth date of deceased (mo., day, yr.) April 8, 1908

8. AGE: Years 31 Months 11 Days 13 If less than one day hrs. min.

9. Birthplace North East, Cecil Co. Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Triumph
FATHER 12. Name Earl Gatchell
13. Birthplace North East, Md
MOTHER 14. Maiden name Ethel Boyer
15. Birthplace North East, Md
18. Informant Violet Gatchell
Address North East, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25, 1940 (month) (day) (year)
Cemetery or crematory St Marks Cem
Location Arkin, Rural
16. Funeral director Lee A. Patterson
Address Perryville, Md
19. Feb 24 1940 (Date rec'd by registrar) F.R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1940, at 4:12 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death Explosion at Triumph Fuse Company Elkton Md
Due to Burns
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 2/21 1940
Where did injury occur? Near Elkton (City or town) Cecil (County) Maryland (State)
Injured at home, farm, industry, public place (where?) Industry
Means of injury Explosion Injured at work? yes

23. SIGNATURE John B. Slicer coroner M. D. or other
Address Rising Sun Md Date signed 2/22 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01788

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 days

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Cecilton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charity Gatewood

3. (b) Social Security Number

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Benjamin Gatewood

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 / 1870

8. AGE: Years	Months	Days	If less than one day
69	9	20	hrs. min.

9. Birthplace Cecil Co. Md. (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Geo. Hughes

13. Birthplace Cecil Co. Md.

MOTHER 14. Maiden name Arabella Harris

15. Birthplace Cecil Co. Md.

16. Informant Frank Gatewood

Address Cecilton, Md.

17. Burrial (Burial, cremation, or removal. Which?) Date thereof Feb. 13 / 40 (month) (day) (year)

Cemetery or crematory Cecilton Cemetery

Location Cecilton

18. Funeral director John R Coffage

Address Cecilton, Md

19. Feb 10 1940 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 8 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 10 1940, and that I last saw her alive on Feb 9 1940.

Immediate cause of death	Lobar pneumonia	DURATION 4 days
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. T. Morrison M. D. or other

Address Elkton, Md Date signed Feb 10

RECEIVED
MAR 5 1949
BUREAU V. S.

01789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Rising Sun Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life Time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Haines

3. (b) Social Security Number

4. Sex: Female | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1854

8. AGE: Years 85 | Months 9 | Days 2 | If less than one day hrs. min.

9. Birthplace Rising Sun, Cecil County, Md.
(Town, county, and state)

10. Usual occupation Music Teacher

11. Industry or business

FATHER
12. Name Job Haines,
13. Birthplace Rising Sun, Md.

MOTHER
14. Maiden name Elizabeth Dunn,
15. Birthplace Wilmington, Del.

16. Informant Edwin L. Haines,
Address Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14, 1940. (month) (day) (year)

Cemetery or crematory West Nottingham Friends

Location Harrisville (Colora), Md.

18. Funeral director Jennie W. Taylor
Address Rising Sun, Md.

19. 2/13 1940 Louise M. Worthington
(Date rec'd by registrar) Registrar

Permit issued 2-13-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Feb 10 1940, and that I last saw her alive on Feb 10 1940.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. C. Dodson MD
M. D. or other

Address Rising Sun Md Date signed 2-11-40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

01790

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Rural near Cherry Hill Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 23 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Rural near Cherry Hill Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural near Cherry Hill, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William B Haller (Haller)

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Zora Bell Haller
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mch 9 1860

8. AGE: Years 79 | Months 11 | Days 0 | If less than one day ____ hrs. ____ min.

9. Birthplace: Nesterville W Va
(Town, county, and state)
10. Usual occupation: Farmer retired
11. Industry or business
FATHER
12. Name: Michael Haller
13. Birthplace: Maryland
MOTHER
14. Maiden name: Sarah Nesterville
15. Birthplace: Nesterville W Va
16. Informant: Thomas McIntire
Address: Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 21 1940 (month) (day) (year)
Cemetery or crematory: The Elkton Cemetery
Location: Elkton, Maryland
18. Funeral director: H. W. Pippin
Address: Elkton, Md
19. Feb 20 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940, at 3 P.M.
21. I CERTIFY that death occurred on ~~the date~~ above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw not attended alive on ____ 19__.
Immediate cause of death: arterio sclerosis
Due to old age
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE John B. Slier Coroner M. D. or other
Address Rising Sun Md Date signed 2/19 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. · MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

01791

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil Union Hospital

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 1 Month

Stay in this community (yrs., or mos., or days) Fifty years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 125 East High St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Hemphill

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margarett Hemphill

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov 17 --1855

8. AGE: Years	Months	Days	If less than one day
84	2	21	____ hrs. ____ min.

9. Birthplace Cecil Co. Elkton Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Joseph Hemphill
13. Birthplace Maryland

MOTHER
14. Maiden name Priscilla Jane Davis
15. Birthplace Maryland

16. Informant Mrs Hellen Lynch

Address 125 East High St Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 11 - 1940 (month) (day) (year)

Cemetery or crematory Elkton Cemetery

Location Elkton Md

18. Funeral director Florence E Abernathy

Address Elkton R.D 5 Md

19. Feb 10 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 - 1940, at 9 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 - 1940 to Feb 9 - 1940, and that I last saw h-- alive on Feb 9 - 1940

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Elkton Md Date signed 2/10/40

RECEIVED
MAR 5 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01792

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (92c)

County Cecil Registration Dist. No. 92

Village or City Childs, Maryland. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ester Elizabeth Jarvinen If U. S. Veteran, specify WAR

(a) Residence: No. Childs, Maryland. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of: Maurice R. Jarvinen

6. DATE OF BIRTH (month, day, and year) April 24, 1900

7. AGE	Years	Months	Deys	If LESS than 1 day, hrs. or min.
	39	9	29	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. X

10. Date decaasad last workad at this occupation (month and yaar)

11. Total time (years) spant in this occupation

12. BIRTHPLACE (city or town) Helsinki, Finland. (State or country)

FATHER

13. NAME Oscar Hermann Korenen

14. BIRTHPLACE (city or town) Helsinki, Finland. (State or country)

MOTHER

15. MAIDEN NAME Mary Hyytnen

16. BIRTHPLACE (city or town) Helsinki, Finland. (Stata or country)

17. INFORMANT Mary H. Korenen (Address) Childs, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cherry Hill Cemetery Date Feb 24, 1940

19. UNDERTAKER Florence E. Armstrong (Address) Elkton Md R2 D #5

20. FILED Feb 23, 1940 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 22, 1940. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended daceased from Sept. 20, 1936, 19, to Feb. 22, 1940, 19

I last saw her alive on Feb. 22, 1940 P. M. 19; death is said to hava occurred on the date stated above, at 5.40 P. m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
from rheumatism.	about 1930

Other Contributory Causes of importance:

Name of oparation Data of

What test confirmad diagnosis? Was thera an autopsy?

23. If death was due to extarnal causes (VIDLENCE) fill in also tha following:

Accidant, suicide, or homicide? Data of injury, 19

Whare did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way ralatad to occupation of deceased? No.

If so, spacify

(Signed) W. H. McKnight M. D.

(Address) Elkton, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

01793

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Elkton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Union Hospital
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Unnamed Baby (Johnson)

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feby 10 1940

8. AGE: Years | Months | Days | If less than one day ____ hrs. 30 min.

9. Birthplace: Elkton Cecil Maryland
(Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Neal Johnson
13. Birthplace: Gardner Mass

MOTHER
14. Maiden name: Maleta Richter
15. Birthplace: Wilmington Delaware

16. Informant: Neal Johnson
Address: 12th & Washington St Wilmington Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 12 1940 (month) (day) (year)
Cemetery or crematory: North East M E Cemetery
Location: North East Md

18. Funeral director: H. W. Pippin
Address: Elkton Md

19. Feb 12 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10 1940, at 10.50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 1940, to Feb. 10 1940, and that I last saw him alive on Feb. 10 1940.

Immediate cause of death: Prematurity and beginning uterine asphyxia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Mildred H. Sprecher, M.D. M. D. or other
Address: Elkton, Md Date signed: Feb. 12

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

01794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Elkton, Maryland

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Delaware County: New Castle

City or town: Rural Near Glasgow Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Edward Carl ~~Kniev~~ Knief

3. (b) Social Security Number: 222-07-1841

4. Sex: M

5. Color or race: Wh.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myrtle Knief

6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): Aug 21, 1901

8. AGE: Years: 38 Months: 6 Days: If less than one day: hrs. min.

9. Birthplace: Iowa (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Triumph Fuse Fireworks Co

FATHER

12. Name: Henry Knief

13. Birthplace: No Information.

MOTHER

14. Maiden name: Louise Dryer

15. Birthplace: No Information

16. Informant: Mrs Myrtle Knief

Address: Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/24/40 (month) (day) (year)

Cemetery or crematory: Elkton Cemetery

Location: Elkton, Md

18. Funeral director: H. W. Pippen Per [illegible]

Address: Elkton, Md

19. Feb 24 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 21 1940, at 1.05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: explosion in Triumph Fuse Co.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 2/21 1940

Where did injury occur? near Elkton (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?): Elkton

Means of injury Injured at work?

23. SIGNATURE: John B. Glicer Coroner M. D. or other

Address: Risley Sun Date signed: 2/23 1940

VS A15 (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

01795

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Elkton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie B Lucas If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) July 10 1860

7. AGE Years 70 Months 6 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parksburg (State or country) Pa

FATHER

13. NAME John Mews

14. BIRTHPLACE (city or town) Parksburg (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Mews

16. BIRTHPLACE (city or town) Parksburg (State or country) Pa

17. INFORMANT Mrs Dorothy Lee (Address) Elkton Md

18. BURIAL, CREMATION, OR REMOVAL Place Elkton Cemetery Date Feby 8, 1940

19. UNDERTAKER H. W. Pippin (Address) Elkton Md

20. FILED Feb 8, 1940 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 5th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 – 1935, to Feb 5th, 1940

I last saw her alive on Feb. 3rd, 1940; death is said to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other Contributory Causes of Importance:

Chronic Nephritis	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob J Greenwald M. D.

(Address) Elkton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

01796

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elk Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elk Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Jefferson Mc Daniel

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma Burns Mc Daniel

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): November 5 1875

8. AGE: Years	Months	Days	If less than one day
64	3	23	hrs. min.

9. Birthplace: Cecil County Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: William Jefferson Mc Daniel

FATHER 13. Birthplace: Cecil County Maryland

MOTHER 14. Maiden name: Elizabeth Rebecca Barber

MOTHER 15. Birthplace: Glasgow Delware

16. Informant: Major Wm Ray Baldwin

Address: Elk Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 2--1940 (month) (day) (year)

Cemetery or crematory: Cherry Hill Cemetery

Location: Cherry Hill Md

18. Funeral director: Florence E Abernathy

Address: Elkton R.D 3 Md.

19. Mar 2 1940 (Date rec'd by registrar) F R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 25, 1940, 9:30 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 - 1940 to Feb 25 1940, and that I last saw him alive on Feb 17 - 1940.

	DURATION
Immediate cause of death: Epilepsy with Marked dementia	unknown many years
Due to	
Due to	
Other conditions: Bronchial Pneumonia From Feb 13th to 17th 1940	about 5 days

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. H. McKnight M. D. or other

Address: Elkton Date signed 2/26/40

RECEIVED
MAR 5 1940
BUREAU V. S.

01797

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 73 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: W. Palmer McFadden

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Ida E. McFadden
6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Sept 19 1866

8. AGE: Years: 73 Months: 4 Days: If less than one day: hrs. min.

9. Birthplace: Andora (Town, county, and state)
10. Usual occupation: Judge Orphans Court
11. Industry or business: of Cecil Co

FATHER
12. Name: Joseph McFadden
13. Birthplace: Andora Md

MOTHER
14. Maiden name: Esther Spence
15. Birthplace: Andora Md

16. Informant: Mrs Ida E McFadden
Address: Elkton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 14 1940 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Bethel Md

18. Funeral director: H. W. Pippin
Address: Elkton. Md

19. Feb 14 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12 1940, at 12 a 50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 7 1939, to Feb. 12 1940, and that I last saw h in alive on Jan. 30 1940.

Immediate cause of death: Coronary Sclerosis. Generalized Arteriosclerosis
Due to: Coronary Thrombosis.
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

DURATION: Feb 11, 1940

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Milford H Spencer, M.D. M. D. or other
Address: Elkton, Md. Date signed: Feb 13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

01798

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 7 yrs. 6 mos. 18 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ~~Baltimore~~

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 407 East 31st Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World

3. (a) FULL NAME: McFARLAND, Joseph S.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Maiden name unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 19, 1893

8. AGE:

Years	Months	Days	If less than one day
46	9	3	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Plumber

11. Industry or business

FATHER
12. Name: Joseph P. McFarland - deceased
13. Birthplace: ? , Maryland

MOTHER
14. Maiden name: Annie McEwen
15. Birthplace: ? , Maryland

16. Informant: Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Feb. 23, 1940. (month) (day) (year)

Cemetery or crematory: Louden Park, Baltimore Nat'l

Location: Baltimore, Maryland

18. Funeral director: Pennington & Son.
Address: PENNINGTON & SON Havre de Grace, Md.

19. 2-23- 19 40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 22 19 40, at 2:57 PM.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4 19 32, to Feb. 22 19 40, and that I last saw him alive on February 22 19 40.

Immediate cause of death	DURATION
Lobar pneumonia	2-13-40
Due to	
Due to	
Other conditions: Psychosis with encephalitis lethargica, Parkinsonian syndrome	Unknown

Major findings:

Of operations: None

Of autopsy: Not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director M. D. or other

Address: Veterans' Administration, Perry Point, Maryland. Date signed: 2-23-40

S. P

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

CERTIFICATE OF DEATH

01799

Reg. Dist. No. 92-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Cecil
County
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World war (Marine)

3. (a) FULL NAME Martin Xavier McLaughlin

3. (b) Social Security Number 219-05-1251

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

B (b) Name of husband or wife Adelia McLaughlin
6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Feby 9 1897

8. AGE: Years	Months	Days	If less than one day
42	11	24	hrs. min.

9. Birthplace Wilmington Delaware
(Town, county, and state)
10. Usual occupation machanist
11. Industry or business Glenn Martin Air Plane Works
FATHER 12. Name Bernard McLaughlin
13. Birthplace Wilmington Del
MOTHER 14. Maiden name Ellen Daly
15. Birthplace Wilmington Del
16. Informant Mrs Annie Pennell
Address Elkton Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 7 1940 (month) (day) (year)
Cemetery or crematory Cathedral
Location Wilmington Delaware
18. Funeral director H. W. Rippin
Address Elkton Maryland
19. Feb 6 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 9.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 7 1940, and that I last saw h alive on Feb 2 1940.

Immediate cause of death Coronary Occlusion — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John B. Bliss Coroner
M. D. or other
Address Rising Sun Date signed 2/3 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-A

CERTIFICATE OF DEATH

01800

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: R.F.D Perryville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 90 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Perryville R. 7. 29 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Dolitha McNamee

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	White	widowed

6 (b) Name of husband or wife: William A. McNamee
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 22 18

8. AGE:

Years	Months	Days	If less than one day
90		5	hrs. min.

9. Birthplace: Near Port Deposit Cecil Co Md
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: none

FATHER
12. Name: Benjamin Thompson
13. Birthplace: Near North East Cecil Co Md

MOTHER
14. Maiden name: Mary Sophia Alexander
15. Birthplace: Near North East Cecil Co Md

16. Informant: Albert M McNamee
Address: Rising Sun Cecil Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 1 1940 (month) (day) (year)
Cemetery or crematory: Ebenezer
Location: Outside Rising Sun
18. Funeral director: J. E. Tyson
Address: Rising Sun Md

19. 2-27-1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 27 1940, at 3 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to Feb. 27 1940, and that I last saw h alive on Feb. 19 1940.

	DURATION
Immediate cause of death: Cerebral Haemorrhage	1 day
Due to: General Atheromata	60 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magaw M. D. or other
Address: Perryville Md Date signed: Feb 27 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10?)

01801

CERTIFICATE OF DEATH

Reg. Dist. No. 9/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Chesapeake City
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Chesapeake City. Maryland

Stay in hospital or inst. (yrs., or mos., or days): 0

Stay in this community (yrs., or mos., or days): 6 34 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil.

City or town: Chesapeake City. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Mary Emmaline Mumford

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Wh	Widowed

6 (b) Name of husband or wife: Benjamin Mumford

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 28, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	13	____ hrs. ____ min.

9. Birthplace: Vienna, Md
(Town, county, and state)

10. Usual occupation: Home wife.

11. Industry or business

FATHER — 12. Name: Wm Hastings

FATHER — 13. Birthplace: Vina Md

MOTHER — 14. Maiden name: Sallie Anderson

MOTHER — 15. Birthplace: Laurel, Del.

16. Informant: Benjamin Mumford

Address: Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 14 1940 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Bethel Md

18. Funeral director: J & W Pippin

Address: Elkton Md

19. 2/14 1940 (Date rec'd by registrar) B. H. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 11 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 1940 to Feb 11 1940, and that I last saw h[illegible] alive on Feb. 10 1940.

Immediate cause of death: Lobar pneumonia — DURATION: Feb 10, 1940

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: —— Date of: ——

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ——

Means of injury: —— Injured at work?

23. SIGNATURE: Henry T. Davis M.D.
M. D. or other

Address: Chesapeake City Md Date signed 2/14/40

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

01802

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil Co. Md.
City or town: Earleville, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 55 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Earleville, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Olive C. Oldham

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 16th 1884

8. AGE: Years: 55 Months: 11 Days: 2 If less than one day: hrs. min.

9. Birthplace: Cecil Co. Md.
(Town, county, and State)

10. Usual occupation: School Teacher

11. Industry or business:

FATHER
12. Name: John C. Oldham
13. Birthplace: Cecil Co. Md

MOTHER
14. Maiden name: Ida Brown
15. Birthplace: Cecil Co. Md.

16. Informant: Margaret H. Mayfield
Address: Chestertown

17. Burrial — Date thereof 2/20/40
(Burial, cremation, or removal) Which? (month) (day) (year)
Cemetery or crematory: St. Stephens Cemetery
Location

18. Funeral director: John W. Coffage
Address: Carlton, Md.

19. Feb 19th 1940 Irving Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/17/40 19 , at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 2/17/40 19 .

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 hours
Due to Hypertension	2 years
Due to Capillon Renal Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Walter R. Lee
M. D. or other
Address: Middletown Date signed 2/19/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (100)

CERTIFICATE OF DEATH

01803

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town outside Liberty Grove
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Liberty Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Patten

3. (b) Social Security Number None

4. Sex Femal

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1864

8. AGE: Years 75 Months 2 Days 18 If less than one day hrs. min.

9. Birthplace Liberty Grove Md.
(Town, county, and state)

10. Usual occupation Houseworks

11. Industry or business

FATHER
12. Name William T. Patten
13. Birthplace Port Deposit Md.

MOTHER
14. Maiden name Albina Brown
15. Birthplace Port Deposit Md.

16. Informant Mrs Branch Patten

Address Rising Sun Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Feb 24 1940
(month) (day) (year)

Cemetery or crematory West Nottingham

Location outside Colora Md.

18. Funeral director J. E. Tyson

Address Rising Sun Md.

19. Feb 23-40
(Date rec'd by registrar) L. M. Northington Registrar

Permit issued 2-23-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 21 1940 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feby 17 1940 to Feby 21 1940 and that I last saw her alive on Feby 20 1940

Immediate cause of death Lobar Pneumonia RX Side

Due to

Due to

Other conditions Toxic

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 4 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. G. Jack M. D. or other

Address Port Deposit Md. Date signed 2/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

01804

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days): 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Warwick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stephen Pryor

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	~~Widowed~~ Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) no record

8. AGE: Years: about 75 no record | Months | Days | If less than one day: hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Labor

11. Industry or business farmer

FATHER 12. Name Stephen Pryor

13. Birthplace

MOTHER 14. Maiden name unknown

15. Birthplace

16. Informant Ethel Gould

Address Warwick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/15/40 (month) (day) (year)

Cemetery or crematory Bethel cemetery

Location Middletown Del

16. Funeral director J. Irvin Daniels

Address Townsend Del

19. Feb 14 1940 (Date rec'd by registrar) F. H. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 9 1940, to Feb 12 1940, and that I last saw him alive on Feb 12 1940.

Immediate cause of death	DURATION
Arterio-sclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. T. Morrison, M.D.
M. D. or other

Address Elkton, Md Date signed 2-12-40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01805

1. PLACE OF DEATH (83d)

County Cecil Registration Dist. No. 92

Village or City Childs No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Quintwell If U. S. Veteran, specify WAR

(a) Residence: No. Cecil Count Almhouse- Childs, M.D. St., Ward. Rural Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Mc Dowell

6. DATE OF BIRTH (month, day, and year) April 6, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jockey

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) about 40 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Willa Quintwell

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) The deceased.

18. BURIAL, CREMATION, OR REMOVAL
Place Cherry Hill Date 2/21/40, 19

19. UNDERTAKER (Address) H. W. Pippin Co. M. A. Pippin Elkton, Md.

20. FILED Feb 21, 1940 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 19, 1940, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27th, 1940, to Feb. 19th, 1940

I last saw him alive on Feb. 17th, 1940; death is said to have occurred on the date stated above, at 3.00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General arterio sclerosis with hemiplegia	unknown Nov. 1939
Unknown, whether or not this death involved cerebral hemorrhage. C.W.G.P.	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) V. H. McKnight M. D.

(Address) Elkton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1928 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01806

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Near Rising Sun Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rising Sun - R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Miss. Mary Hames Richards

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 27 - 1857

8. AGE: Years: 88 | Months: | Days: 22 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland. Cecil Co
(Town, county, and state)

10. Usual occupation: House keeper

11. Industry or business: Fine

FATHER
12. Name: Stephen Richards
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rebecca H Stubbs
15. Birthplace: Lancaster Co Pa

16. Informant: Luther Richards
Address: Rising Sun Maryland

17. X (Burial, cremation, or removal. Which?) Date thereof: 2 (month) 8 (day) 1940 (year)

Cemetery or crematory: West Nottingham Friend

Location: Harrisville near Rising Sun

18. Funeral director: Mrs Jennie W Taylor
Address: Rising Sun Md

19. Feb 7 1940 (Date rec'd by registrar) L M Worthington Registrar

Permit issued 2-7-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb - 5 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 5 1940, and that I last saw her alive on Feb 5 1940.

Immediate cause of death: Cellonic Myocarditis

Due to: Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: R L Dodson MD
M. D. or other

Address: Rising Sun Md Date signed: 2-6-40

VS A15 (T) MARGIN RESERVED FOR BINDING (M) (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01807

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Cecil — Registration Dist. No. 96

Village or City Perry Point, Maryland. — No. Veterans Administration St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROBERTS, Elza B. — If U. S. Veteran, specify WAR World

(a) Residence: No. 401 North Street, Bedford, Va. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Married

5a. If married, widowed, or divorced — HUSBAND of ~~(or) WIFE of~~ Irma McGehee

6. DATE OF BIRTH (month, day, and year) Month and date unknown 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Concessionaire at Carnivals

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Huntington, W.Va.

FATHER

13. NAME Allen Roberts - deceased

14. BIRTHPLACE (city or town) (State or country) Unknown Virginia

MOTHER

15. MAIDEN NAME ? Stover - deceased

16. BIRTHPLACE (city or town) (State or country) Unknown Virginia

17. INFORMANT Hospital records (Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Baltimore, Md. Date Feb. 15, 1940

19. UNDERTAKER Pennington & Son (Address) PENNINGTON & SON Havre de Grace, Md.

20. FILED 2/15, 1940 Florence W. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 14, (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1940, to February 14, 1940

I last saw him alive on February 14, 1940; death is said to have occurred on the date stated above, at 7:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active	Unknown
Other Contributory Causes of importance: General Paralysis of the Insane	Unknown

Name of operation -- Date of

What last confirmed diagnosis? Clinical & laboratory reports Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? -- Date of Injury , 19

Where did injury occur? -- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. --

Manner of Injury --

Nature of Injury --

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. F. Davis M. D.

(Address) C. F. DAVIS, M.D., Clinical Director Veterans' Administration Perry Point, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-21)

01808

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 8 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Rural near Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: — Port Deposit
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eddie Robison

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ?

8. AGE: Years	Months	Days	If less than one day
44			hrs. min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business:

FATHER
12. Name: No Information
13. Birthplace:

MOTHER
14. Maiden name:
15. Birthplace:

16. Informant: Mrs.
Address:

17. Feb 21 1940 Burial (Burial, cremation, or removal. Which?) Date thereof Feb 21 1940 (month) (day) (year)
Cemetery or crematory: County
Location: Cherry Hill,
18. Funeral director: H. W. Pippard.
Address: Elkton, Md.

19. Feb 21 1940 (Date rec'd by registrar) H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 6 1940, at 3:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to Feb 6 1940, and that I last saw him alive on Feb 5 1940.

Immediate cause of death	Cerebral hemorrhage	DURATION ?
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. T. Morrison, M.D. M. D. or other
Address: Elkton, Md. Date signed 2-20-'40

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MAR 5 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83G)

01809

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 317 W Main St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 73 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 317 W Main St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Rothwell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Richard Rothwell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 10--1866

8. AGE:

Years	Months	Days	If less than one day
73	5	3	____ hrs. ____ min.

9. Birthplace: Elkton Cecil County Maryland.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: John Wesley Freeman
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Jane Fouraker
15. Birthplace: Delaware

16. Informant: Mrs Mollie Simmers

Address: 234 W High St Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 16--1940 (month) (day) (year)

Cemetery or crematory: Elkton Cemetery

Location: Elkton Md

18. Funeral director: Florence E Abernathy

Address: Elkton R.D. 5 Md

19. Feb 15 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13th 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1940, to Feb 13th 1940, and that I last saw her alive on Feb 13 1940

Immediate cause of death: Cerebral Embolism

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Elkton Md Date signed: 2/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01810

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Cecil

City or town Elkton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant, give residence of mother)

State Maryland County Cecil

City or town North East Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION) 2

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Scarborough

3. (b) Social Security Number none

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton, Cecil Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Clarence E. Scarborough

13. Birthplace Pleasant Hill, Maryland

MOTHER 14. Maiden name Elsie Louise Cameron

15. Birthplace North East Md

16. Informant Elsie Scarborough

Address North East, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 17 1940 (month) (day) (year)

Cemetery or crematory Methodist

Location North East Md

18. Funeral director Joseph R. Frazer

Address North East, Md

19. Feb 17 1940 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to Feb. 15 1940

and that I last saw h[illegible] alive on 19

Immediate cause of death	DURATION
Premature & mmth.	
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE R. E. Dodson M.D. M. D. or other

Address Elkton Md Date signed 2/16-40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 96

CERTIFICATE OF DEATH

01811

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Perryville, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 48 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Perryville, Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Sempers

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1857

8. AGE: Years 82 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace North East, Cecil Co., Md (Town, county and state)

10. Usual occupation Retired

11. Industry or business None

FATHER 12. Name Dr Charles F. Sempers
13. Birthplace North East, Md

MOTHER 14. Maiden Name Eliza Whitaker
15. Birthplace Cherry Hill, Md

16 (a) Informant J. Ford Sempers
(b) Address Perryville, Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 40 (month) (day) (year)
(c) Cemetery or crematory St Marks
Location Perryville Md. R.F.D.

18 (a) Funeral director Lee A. Patterson
(b) Address Perryville, Md

19 (a) 2-12-40 (Date rec'd by registrar) (b) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 9 1940, at 11 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Feb 9th 1940, and that I last saw ~~him~~ her alive on Feb 8 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	ca 25 1940
Due to Arteriosclerosis	
Due to Age	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Magraw M. D. or other
Address Perryville, Md. Date signed Feb 10 1940

VS. A15 MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

01812

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Simmers

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 20 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace: Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Harvey Ernest Simmers
13. Birthplace: Rising Sun, Md

MOTHER
14. Maiden name: Thelma Virginia Carr
15. Birthplace: Street, Maryland

16. Informant: Thelma Simmers
Address: Rising Sun, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location

18. Funeral director: None
Address

19. Mar 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/20 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-20 1940, to 2-20 1940, and that I last saw him not alive on 19

Immediate cause of death: Premature abortion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: R C Dodson MD
M. D. or other
Address: Rising Sun Md Date signed 2/21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-a)

CERTIFICATE OF DEATH

01813

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Cecil

City or town Perryville, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Perryville, rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Lee Snelling

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Margaret Snelling

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1871

8. AGE:

Years	Months	Days	If less than one day
68	11	21	hrs. min.

9. Birthplace Fredericksburg, Stafford co. Va
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business U.S. Suffolk Depot, Perryville

FATHER 12. Name William Snelling

13. Birthplace Fredericksburg, Va

MOTHER 14. Maiden name Sarah C. Wynne

15. Birthplace Fredericksburg, Va.

16. Informant Catherine Campbell

Address Liberty Grove, Cecil Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 28, 1940 (month) (day) (year)

Cemetery or crematory Asbury.

Location Perryville, Md. Rural

18. Funeral director W. A. Patterson

Address Perryville, Md.

19. Feb. 28, 1940 (Date rec'd by registrar) Florence W. Sauders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1938 1940, to Feb. 25 1940

and that I last saw h wife alive on Feb. 25 1940

Immediate cause of death Carcinoma of Kidneys — DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. J. Johnson, M. D.
M. D. or Coroner

Address Port Deposit, Md. Date signed 3/6/40

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MAR 5 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01814

Reg. Dist. No. 9d

1. PLACE OF DEATH:

County Cecil

City or town Warwick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Haywood Waters

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1892

8. AGE: Years	Months	Days	If less than one day
47	5	21	hrs. min.

9. Birthplace Middle neck, md.

(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER 12. Name Henry Waters

13. Birthplace Middle neck, md.

MOTHER 14. Maiden name Hennie Smith

15. Birthplace middle neck, md.

16. Informant Hennie Waters

Address Warwick, md.

17. Cecilton md. Date thereof Feb 11, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cecilton cemetery

Location Cecilton, md.

16. Funeral director B.R. Fellows

Address Millington Md

19. Feb 10 1940 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-9- 1940, to 2-8- 1940, and that I last saw him alive on Feb 7 1940

Immediate cause of death	DURATION
Carcinoma of the liver. (Primary)	1-9-40
Due to	
Due to	
Other conditions Lues	1-11-40

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. R. Cruckley M.D

M. D. or other

Address 115 N. Broad St, Middletown, Del. Date signed 2-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

FEB 24 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01815

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Rural near Blue Ball
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 21 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: maryland County: Cecil

City or town: Rural near Blue Ball Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Emma Yerkes

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Joseph B Yerkes

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 5 1853

8. AGE:

Years	Months	Days	If less than one day
86	4	5	hrs. min.

9. Birthplace: Lumbard Cecil Co Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Jessie Irwin
13. Birthplace: No information

MOTHER
14. Maiden name: Rebecca Smith
15. Birthplace: Maryland

18. Informant: Mrs Nora Mendenhall
Address: Childs Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 13 1940 (month) (day) (year)

Cemetery or crematory: Rose Bank

Location: Calvert Md

18. Funeral director: Florence E. Abernathy.
Address: Elkton Md R.D.5

19. Feb 13 1940 (Date rec'd by registrar) F.R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 10, 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Feb. 10 1940, and that I last saw h alive on Feb. 9 1940

Immediate cause of death	DURATION
Broncho-pneumonia	5 Days.
Due to	
Due to	
Other conditions: General Arterio sclerosis (Include pregnancy within 3 months of death)	6 years

Major findings:

Of operations: None

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. Hughes Yerkes M.D.
M. D. or other

Address: Newark, Del Date signed Feb 13, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.